3644

Attorney Docket No.: CDST-C169.CIP



	ED STATES PA						
I hereby certify that this transmittal of bearing First Class Postage and add of deposit.	f the below described docum dressed to the Commissioner	for Patents P.O. Box	1450, Alexandria, VA 22313	al Service in an envelope -1450, on the below date			
	of Person SAVANAH I the Deposit:		ature of the Person ng the Deposit:	mus Mend By			
In re Application of: George Bob L. Mackey	B. Hopple, Roger W.	. Barton, John D	Porter, Theodore S.	Fahlen and			
Application No.: 09/993,74	10	Examin	er: Nguyen, T.	RECEIVE			
Filed: 11/21/01		Art Unit	: 3644	APR 0 1 200			
Confirmation No.: 1712				GROUP 3			
For: METHOD OF PATTER	NING WALL PHOSPH	OR WELL MAT	RIX UTILIZING GLASS	3 1001 31			
Commissioner for Patents P.O. Box 1450							
Alexandria, VA 22313-145		NDMENT TRANS	SMITTAL				
Transmitted herew	ith is an amendment fo						
x Transmitted herewith (9 sheets)	is a response to an off	fice action for the	e above identified pate	ent application.			
Transmitted herewith Other:	are sheets	of substitute for	mal drawings.				
2. Applicant is other than a small entity							
	Exter	nsion of Te	r m				
3. The proceedings h	erein are for a patent	application and	the provisions of 37 C	.F.R. 1.136 apply.			
(a) [] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
	tension	<u>Fee</u>	_				
	one month two months	\$110.0 \$420.0		•			
į į	three months	\$950.0	0	•			
ιι	four months	\$1,480					
		Fee \$					
If an additional extension o	r time is required, plea	ise consider this	a petition therefor.				
(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.							

Attorney Docket No.: CDST-C169.CIP

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)							
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total		
Total Claims	20	- 57 =	0	x \$18.00	\$0.00		
Independent Claims	2	- 5 =	0	x \$86.00	\$0.00		
Multiple Dependent Claim Fee (one or more, first added by this \$290.00 amendment)							
Total Fees							

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- A check in the amount of \$0.00
- Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: 3/23/04

John P. Wagner Reg. No. 35,398